Date: <dd/mm/yyyy>

**<NAME OF PRIMARY REVIEWER>**

<Institution/Affiliation>

<Address>

**Re: <MMMC-RERC Code> <Study Protocol Code> <Study Protocol Title>**

Dear **<TITLE> <SURNAME>,**

This is to inform you that you are assigned as PRIMARY REVIEWER for the <study protocol/resubmitted study protocol/ withdrawal of study protocol application**>** entitled <**Name of the study**> submitted by **<Name of PI>**. For post-approval submissions, the electronic copy of the originally approved documents is sent together with this <type of post-approval> form to facilitate the review of the <type of post-approval> submission. This will be for <**type of review**> to be discussed during the RERC meeting on <**date of full board meeting**>.

The results of your review need to be indicated in the following attached review forms:

**MMMC RERC F-2-C:** Study Protocol Assessment Form

**MMMC RERC F-2-D:** Informed Consent Assessment Form

**MMMC RERC F-2-I:** Review of Resubmitted Protocol Form

To facilitate protocol processing, kindly submit the completed and signed review forms via email before the date of full board review**.** Additionally, the e-copy of this form/s has been sent to you.

Thank you.

Very truly yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**<NAME OF CHAIR>**

Chairman, MMMC-RERC

Date: